

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90089 012 ****61.25

DOCUMENT # 744367

1. Corporation Name

SUNCOAST CHAPTER OF COMMUNITY ASSOCIATIONS INSTI
TUTE, INC.

Principal Place of Business

18860 US HWY 19 NORTH
SUITE 153
CLEARWATER FL 33764
US

Mailing Address

18860 US HWY 19 NORTH
SUITE 153
CLEARWATER FL 33764
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/25/1978

4. FEI Number

59-1860330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RACKLEY, JANET
18860 US HWY 19 NORTH, #153
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name TIM JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
18860 US HWY 19 N, #153
83
84 City CLEARWATER FL 85 Zip Code 33764

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Tim Johnson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOCHSPRUNG, DAVID J	
STREET ADDRESS	ONE PLAZA PLACE NE #1200	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WADSWORTH, ELIZABETH C	
STREET ADDRESS	3118 GULF TO BAY BLVD #130	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, TIM	
STREET ADDRESS	5332 S MISSOURI AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDEL, JANE	
STREET ADDRESS	3151 LANDMARK DRIVE #115	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, SANDY	
STREET ADDRESS	350 E BAY DR.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BATTISTA, MARILYN	
STREET ADDRESS	PROGRESSIVE, ST RD 580 #207	
CITY-ST-ZIP	CLEARWATER FL 34621	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tim Johnson	
1.3 STREET ADDRESS	5332 S. Missouri	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID Hochsprung	
2.3 STREET ADDRESS	ONE PLAZA PLACE NE, #1200	
2.4 CITY-ST-ZIP	ST. Petersburg, FL 33701	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Cianfrane	
3.3 STREET ADDRESS	1968 Bayshore Blvd	
3.4 CITY-ST-ZIP	Dunedin, FL 34698	
4.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bernadette Halloran	
4.3 STREET ADDRESS	3300 MacGregor	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Ralph, CPA	
5.3 STREET ADDRESS	6450 Central Ave. Suite #150	
5.4 CITY-ST-ZIP	ST. Petersburg, FL 33707	
6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Patty Miller	
6.3 STREET ADDRESS	2530 Drew Street	
6.4 CITY-ST-ZIP	CLEARWATER, FL 33765	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K. Battista* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99 727-532-0042

Date

Daytime Phone #

CR2E037 (11/98)